



MONTH OF MIRACLES VOLUNTEER REGISTRATION FORM

This form must be completed in order to volunteer for the 2020 Month of Miracles Event.

Individual or Group

Contact Name: _____ Group Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone/Cell: _____ Fax: _____ Email: _____

I HAVE PLANNED A PROJECT AT THE FOLLOWING LOCATION.

Project Date (Check One)

April 4 (Sat) April 11 (Sat) April 18 (Sat) April 25 (Sat)

Check the SUPPLIES YOU CAN PROVIDE: Trash Bags Gloves Rakes Shovels
 Push Brooms Water. Other Items _____

Location: _____

Description: (Provide as much information as possible, regarding location and work to be performed.)

I DO NOT HAVE A PREPLANNED PROJECT. PLEASE ASSIGN ME ONE.

Project Date (Check One)

April 4 (Sat) April 11 (Sat) April 18 (Sat) April 25 (Sat)

INTEREST – Place a check next to a Volunteer Project you would like to work.

Litter Pickup Vacant Lot Maint. Read to Children Paint Projects
 Park Cleanup Help Seniors Work-Soup Kitchen
 Plant Flowers Animal Donations Other _____

Expected number of volunteers in your group: ___ # of children: ___ # of teens: ___ # of adults.
(Minimum age requirement is set at 12 years old)

No. of Month of Miracle T-Shirts needed by size: ___ Small ___ Med. ___ Large ___ XL ___ XXL

Forms that must be signed and included in this submission include: **Hold Harmless Agreement** And **Liability Release**. [Read Rules on Submitting a Volunteer Project.](#)

Supplies are provided on first-come, first-served basis and based on available inventory and scope of project. All city issued supplies must be picked up from and returned to our facility within 1 business day of project.

DEADLINE TO REGISTER IS MONDAY, MARCH 23, 2020